

| Applicant Information | | | | |
|--|------------|--|-------|---|
| Full Name: | | Social Security Number | | County: |
| Address | | City | State | Zip Code |
| Mailing Address (if different) | | City | State | Zip Code |
| Home Phone | Cell Phone | | Email | |
| Preferred Contact (check one): <input type="checkbox"/> Mail <input type="checkbox"/> Email Are you a part of a Social Networking Site (E.g. Facebook, Twitter) <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", would you like to indicate the name of the site and your profile name? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Site _____ Profile Name _____ | | | | Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contact Information | | | | |
| The person whose name is listed below does not live with me but can always contact me. | | | | |
| Name: _____ Relationship: _____ | | | | |
| Address: _____ City: _____ St _____ Zip: _____ | | | | |
| Home Telephone: () _____ Cell Phone: () _____ | | | | |
| Email address: _____ | | | | |
| Demographic Information | | | | |
| Date of Birth (____ / ____ / ____) | | Ethnicity <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American or Asian <input type="checkbox"/> Other: _____ | | |
| AGE: Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Hispanic Heritage <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian or White | | |
| Are You Registered with Selective Service? (males only born on or after 1/1/1960) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Selective Service Registration Number _____ Selective Service Registration Date _____ | | | | |
| Citizenship : <input type="checkbox"/> U.S. Citizen or Naturalized <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Alien/Refugee Lawfully Admitted List Alien Registration Number & Expiration Date: _____ | | | | |
| Do you consider yourself to have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Chose not to identify | | | | |
| Driver's License Information | | | | |
| Do You Have a Georgia Driver's License or Georgia I.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your license ever been or/ is currently Suspended or Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Type: <input type="checkbox"/> Regular <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> CDL Endorsements Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (Auto, light truck) | | | | |

Veteran Information

Did you serve in the active duty military, naval, or air service? ☐ Yes ☐ No

If yes, please complete the following:

Branch: _____ Date Entered: _____ Date Released: _____ Type of Discharge: _____

Did you serve more than one tour of duty? ☐ Yes ☐ No

Are you a disabled veteran? ☐ Yes ☐ No

Are you a campaign veteran? ☐ Yes ☐ No

Are you recently separated? (within last 48 months) ☐ Yes ☐ No

Are you the spouse of a 100% disabled veteran (service connected), a veteran killed in the line of duty, or MIA/POW?

☐ Yes ☐ No

Please submit a copy of your DD 214 form. Go to <http://vetrecs.archives.gov/> to request a copy. Are you a BRAC impacted worker? ☐ Yes ☐ No (BRAC now considered eligible as Dislocated Worker)

Employment Information

Are you currently employed? ☐ Yes ☐ No Current or most recent rate of pay _____

Did you receive severance pay from your last employer? ☐ Yes ☐ No

Are you or have you received Unemployment Compensation (UI)? ☐ Yes ☐ No

List current and most recent employers, going back 10 years, beginning with your current or most recent job.

Most Recent Employer: _____ Type of Business: _____

Address: _____ Phone: () _____

Job Title: _____ Hourly Wage: _____

Hours Per Week: _____ Shift: _____

Main Duties: _____

Equipment Used: _____

Start Date (Month/Year): _____ End Date (Month/Year): _____

Reason for Leaving : ☐ Laid-off ☐ Quit ☐ Terminated ☐ Other Employment ☐ Other

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone: () _____

Job Title: _____ Hourly Wage: _____

Hours Per Week: _____ Shift: _____

Main Duties: _____

Equipment Used: _____

Start Date (Month/Year): _____ End Date (Month/Year): _____

Reason for Leaving : ☐ Laid-off ☐ Quit ☐ Terminated ☐ Other Employment ☐ Other

Explain Reason: _____

Employer: _____ Type of Business: _____

Address: _____ Phone: () _____

Job Title: _____ Hourly Wage: _____

Hours Per Week: _____ Shift: _____

Main Duties: _____

Equipment Used: _____

Start Date (Month/Year): _____ End Date (Month/Year): _____

Reason for Leaving : ☐ Laid-off ☐ Quit ☐ Terminated ☐ Other Employment ☐ Other

Explain Reason: _____

Termination/Layoff Information

Have you received a termination or layoff notice from your last job or job of dislocation? ☐ Yes ☐ No

Actual Layoff Date: _____

Projected Layoff Date: _____

What is the reason for the layoff? _____

Who is the dislocation employer? _____

Dislocation Employer Address: _____

Dislocation Hourly Rate: _____

Did you attend a meeting with your employer to discuss Unemployment Insurance and Workforce Training? ☐ Yes ☐ No

Education History

Highest Credential Earned ☐ HSD/GED ☐ Certificate ☐ Associates ☐ Bachelors ☐ Masters ☐ PhD ☐ None

Are you currently in school? ☐ Yes ☐ No

If yes, Name of School, Program, Anticipated completion date _____

List the name of schools you have attended, including high school. List any degrees/certificates and areas of study.

| <u>School</u> | <u>Course of Study</u> | <u>Did you graduate?</u> | <u>Year</u> |
|---------------|------------------------|--|-------------|
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

List any current professional license(s) you hold: _____

Transcript Note: PLEASE MAKE SURE THE INTAKE STAFF IS INFORMED OF PREVIOUS NAMES (EX: MAIDEN NAME, DIVORCED NAME, ETC.) _____

Individual Barriers

Are you a single parent? ☐ Yes ☐ No Are you homeless? ☐ Yes ☐ No

Have you ever been convicted of a Misdemeanor? ☐ Yes ☐ No Convicted of a Felony? ☐ Yes ☐ No

Do you read and understand English? ☐ Yes ☐ No What is your primary language (if other than English): _____

| Public Assistance | | |
|---|--|--|
| Within the last 6-months have you received any of the following: | | |
| Assistance Type | Yes or No | Comments |
| Temporary Assistance for Needy Family (TANF) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Food Stamps (FS) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Supplemental Security Income | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Social Security Disability Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Trade Adjustment Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Refuge Cash Assistance | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you currently, or have you been notified, that you will receive Pell Grant funds? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Income Information | | |
| What is your family size? _____ | | What is your yearly family income? _____ |
| Monthly Expenses | Monthly Income | |
| Rent/Mortgage: | Applicant Employment Income: | |
| Utilities: | Unemployment Insurance: | |
| Groceries: | TANF: | |
| Dependent Care: | Food Stamps: | |
| Support Payments: | Child Support: | |
| Alimony Paid: | Alimony Received: | |
| Car Payment: | Spouse/Roommate Income/Contribution: | |
| Transportation/Gas: | Social Security: | |
| Household Items: | SSI: | |
| Insurance (car, homeowners, etc, NOT MEDICAL): | Other (Itemize Below): | |
| Cable: | Name of "Other" Income | Amount of "Other" Income |
| Medical/Dental: | 1. | |
| Clothing: | 2. | |
| Credit Card Payments: | 3. | |
| Loans: | 4. | |
| Entertainment: | 5. | |
| Total Monthly Expenses: | Total Monthly Income: | |

Family Composition and Address Verification

| NAMES OF PEOPLE IN HOUSEHOLD (INCLUDING APPLICANT) | RELATIONSHIP TO APPLICANT | DATE OF BIRTH | SOCIAL SECURITY NUMBER |
|---|------------------------------|---------------|------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

Please write **PHYSICAL STREET ADDRESS** here

Address

City

State

Zip

The section below must be filled out by someone who does not live in the household:

I certify that _____ 's family consists of those persons listed above and that I **DO NOT** live at the address above

Signature (of person verifying form– **must not live in household**)

Relationship to applicant

Date

Address

City / State / Zip

Phone Number

NOTE: FALSIFICATION OF DATA ON THIS FORM IS A CRIME AGAINST FEDERAL AND STATE LAWS. FALSIFICATION OF OR CONCEALMENT OF INFORMATION IS PUNISHABLE BY A FINE OR IMPRISONMENT OR BOTH AND WILL REQUIRE REPAYMENT OF ANY MONIES PAID TO OR ON BEHALF OF THE APPLICANT WHILE IN A GEORGIA MOUNTAINS WORKFORCE INVESTMENT BOARD PROGRAM.

Signature of Applicant

Date

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Training Goals

1. Do you have a training goal? ☐ Yes ☐ No
 - a. Describe your training goal? Be specific _____
 - b. Reason you selected this training goal? _____
2. If you do not have a training goal, do you need assistance in selecting a training goal? ☐ Yes ☐ No
3. Have you selected a school? ☐ Yes ☐ No
What school/program _____
4. Have you previously enrolled in training funded through WIA? ☐ Yes ☐ No
If you answered no, go to question #6
 - a. Name of school attended: _____ Dates attended: _____
 - b. Name of training program or course of study: _____
 - c. Did you complete the training? If yes, skip to question #5 ☐ Yes ☐ No
 - d. Why did you not complete training?

5. Did you find a job after you completed or left training? ☐ Yes ☐ No
 - a. If yes, was the job related to the training received? ☐ Yes ☐ No
 - b. Name of employer: _____ Position: _____
6. List other funds you are seeking to assist you through training (PELL, HOPE, loans, etc.)

7. Do you have a Georgia Work Ready Certificate? ☐ Yes ☐ No
If yes, what type? ☐ Bronze ☐ Gold ☐ Silver ☐ Platinum

Computer Skills

How would you rate your computer skills?

Also note any information that should be considered as the foundation for additional training.

| Skill Level/Training | Version | None | Basic | Intermediate | Advanced | Formal Training |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Microsoft Office | 2010 | 2013 | | | | |
| Word | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PowerPoint | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Internet | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal/Work E-mail | | | | | | |
| Other: _____ | | | | | | |

Social Media ☐ Facebook ☐ Twitter ☐ LinkedIn ☐ None


Operating Systems (Windows, XP, Vista) _____

Programming Languages: _____



Current or previous IT Certifications: _____

Other Computer Skills/Experience/Training: _____

Assessment Directions

1. Go to: **MY NEXT MOVE** at <https://www.mynextmove.org>
2. Click on **INTERESTS**  in the top right hand corner of the web page. You will complete 5 sections.
3. **START:** Read and then click next until you get to the first set of questions.
4. **INTEREST:** Rate statements 1-60 – try to not select UNSURE (Click Next at bottom of page to continue to next group of questions)
5. **RESULTS:** Read and then click NEXT – do not click PRINT here.
6. **JOB ZONES:** Read and then click next until you get to the screen that is shown below. Choose the JOB ZONE 3 bubble for Medium Preparation – **not the underlined link**.



7. Read and click next until you get to “CAREERS”
8. **CAREERS:** Click PRINT to print your results.  This opens up a new tab or window.
9. At the top of the page type in your first and last name.
10. Review the jobs listed. **MAKE SURE THAT YOUR PROGRAM OF STUDY IS LISTED** and click print. 

Submit all pages to the Georgia Mountains Workforce Development office along with your application.



1. Go to www.randmcnally.com

The screenshot shows the 'Maps and Directions' page on the Rand McNally website. At the top, there are three tabs: 'directions', 'online maps', and 'mileage'. The 'mileage' tab is selected. Below the tabs, there are two input fields. The first field is labeled 'Home Address here' with a red arrow pointing to a blue box containing the letter 'A', followed by a text input field with the placeholder 'enter starting point...'. The second field is labeled 'School Address here' with a red arrow pointing to a blue box containing the letter 'B', followed by a text input field with the placeholder 'enter ending point...'. Below these fields is a large black button with the text 'Calculate Mileage' and a right-pointing arrow. To the right of the button is a small white box with the text 'Need Roadside Assistance?' and the Allstate Motor Club logo.

2. Click [mileage](#) under Maps and Directions

3. Enter A. your home address (starting point) and B. the school address (ending point)

4. Hit 'Calculate Mileage' and print out the results. Turn them in with your packet

Lanier Technical College

Oakwood Campus
2990 Landrum Edu. Dr
Oakwood, GA 30566

Forsyth Campus
3410 Ronald Reagan Blvd
Cumming, GA 30041

Winder-Barrow Campus
89 East Athens St
Winder, GA 30680

Brenau College

500 Washington Street NE
Gainesville, GA 30501

Gwinnett Technical College

5150 Sugarloaf Pkwy
Lawrenceville, GA 30043

Dawson Campus
408 Hwy 9 North
Dawsonville, GA 30534

Jackson Campus
6315 Elm Street
Commerce, GA 30529

Kennesaw State University
1000 Chastain Rd
Kennesaw, GA 30144

North Georgia Technical College

Clarksville Campus
1500 Hwy 197 North
Clarksville, GA 30523

Blairsville Campus
121 Meeks Ave
Blairsville, GA 30512

Currahee Campus
8989 Hwy 75 South
Toccoa, GA 30577

Southern Polytechnic

1100 South Marietta Pkwy SE
Marietta, GA 30060

University of North Georgia

Dahlonega Campus
82 College Circle
Dahlonega, GA 30597

Gainesville Campus
3820 Mundy Mill Rd.
Oakwood, GA 30566

Cumming Campus
300 Aquatic Circle
Cumming, GA 30040

Daly's Truck Driving School

2314 Peachtree Industrial Blvd
Buford, GA 30518

Athens Technical College

Athens Campus
800 US Hwy 29 North
Athens, GA 30601

Elberton Campus
1317 Athens Hwy
Elberton, GA 30635

CDL of Georgia

846 Jefferson Hwy
Winder, GA 30680

Piedmont College

Demorest Campus
165 Central Avenue
Demorest, GA 30535

Athens Campus
595 Prince Ave
Athens, GA 30601

GA Driving Academy

1448 VFW Drive
Conyers, GA 30012

Career Choice Research Worksheet

When researching the available jobs for your chosen career, please pay close attention to the educational requirements. Does it require that you have a Certificate, Diploma, or an Associates or Bachelor's degree? Knowing this will help you determine exactly what educational level you would be required to have for this particular job. In addition to the education requirements, keep in mind the location of any employment opportunities.

Are jobs in your chosen career/program available within a reasonable commute (30-40 miles one way) of your residence? ☐ Yes ☐ No

Are you willing to relocate? ☐ Yes ☐ No

Some programs, careers or employment opportunities will require a background check and/or drug screen.

Do you have any issues that would prohibit you from successfully completing a background and/or drug screen? ☐ Yes ☐ No

Please remember that the Georgia Mountains Workforce Development only assists with one (1) program of study or major and it must be completed within 104 weeks (2 years) or less. This includes all classes (regular/provisional), internships and/or clinical periods. Once a program of study has been selected, changes will not be allowed unless it is to downgrade to a lesser program of study (i.e. Degree to a Diploma). This must be reviewed by the Case Manager and is done on a case-by-case basis. So please research and choose wisely.

INSTRUCTIONS: COLLECT INFORMATION ON A MINIMUM OF 5 JOBS THAT YOU WOULD BE QUALIFIED FOR AFTER THE COMPLETION OF TRAINING. PRINT AND ATTACH COPIES OF THESE JOB ANNOUNCEMENTS TO YOUR WORKSHEET. Try to use as many resources as possible when completing this form. Available resources include: visits to the prospective programs, and interviews with persons currently working in related jobs, O'NET at <http://online.onetcenter.org/>, Georgia Department of Labor at www.dol.state.ga.us, internet job search websites such as www.monster.com, www.careerbuilder.com, www.indeed.com, www.jobcentral.com, industry websites, business websites, newspaper websites, etc.

Training Provider (School): _____

Program: _____

- Expected salary range for targeted job: (Entry Level) _____
(Average Level) _____
- Are there jobs available for someone like you, if you finish the program, but are unable to pass certification exams and/or obtain an industry license? _____
- Does your research seem to indicate if there are many qualified applicants with more skills and work experience competing for entry level jobs in your job target area? _____
- Are there **training-related jobs** available in your county or within reasonable commute (30-40 miles one way)? Estimate how many jobs. _____
- Is there on-going job growth and/or projected demand in your targeted job area? _____
- Which assessments have you had that indicate your abilities and interests are a good match for you targeted job (such as CDM, TABE, SAGE, COMPASS, ASSET, O'NET etc.)? _____
- Will your targeted job meet your financial obligations and wage expectations? _____

Remember, all 5 jobs must be full time, 1 year or less of experience, and a reasonable commute (40 miles or less one way).

Select three out of the five jobs you printed that you like best. List your top three choices as Job #1, Job #2 and Job #3.

Tell us more specific information about these jobs and identify why they are a good fit for your interests, current work experience.

| | |
|--------------------------|--|
| Job #1 Title: | Rate your current work experience for this job: |
| Company: | <input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded |
| Location: | |
| Wage: | Rate your current education for this job: |
| Experience Requirements: | <input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded |
| Education Requirements: | |
| Job #2 Title: | Rate your current work experience for this job: |
| Company: | <input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded |
| Location: | |
| Wage: | Rate your current education for this job: |
| Experience Requirements: | <input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded |
| Education Requirements: | |
| Job #3 Title: | Rate your current work experience for this job: |
| Company: | <input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded |
| Location: | |
| Wage: | Rate your current education for this job: |
| Experience Requirements: | <input type="checkbox"/> weak <input type="checkbox"/> met <input type="checkbox"/> exceeded |
| Education Requirements: | |

| | | |
|---|---------------------|--|
| Name: | | |
| WIA Release of Information Consent /Certification & Acknowledgment | | |
| | | |
| RELEASE INFORMATION FOR ELIGIBILITY | Initial Here | |
| <p>I authorize the release of my information to the Career Advisor as necessary to determine my eligibility for the Workforce Investment Act (WIA) Adult & Dislocated Programs and Services. I further authorize the release of information by staff necessary to secure related services and assistance on my behalf and share information with other programs from which I receive or have received services such as Vocational Rehabilitation, Division of Family & Children Services (DFCS) and Department of Labor. This authorization to gather information about me and share necessary and pertinent personal information about me is given with the understanding that the information will be used in a confidential and responsible manner.</p> | | |
| RELEASE INFORMATION FOR EDUCATIONAL INSTITUTION | Initial Here | |
| <p>I authorize the release of my current and past educational records from high schools, colleges, universities and training schools to the Career Advisor. Such records include my current/past enrollment, transcripts, attendance records, graduation/completion information and diploma/certificate/credential attained. I understand that under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is a Federal law that protects the privacy of student education records that the Career Advisor must have my written consent to obtain my educational records. I certify that this authorization of release form may be sent as a fax, email, or a photocopy presented in person with appropriate identification from the above agency's staff to the record holder.</p> | | |
| RELEASE INFORMATION FOR EMPLOYMENT | Initial Here | |
| <p>I authorize the release of my current and past employment information to the Career Advisor. Such records include information related to my job title, start/end day, hourly wages and hours worked per week.</p> | | |
| CERTIFICATION & ACKNOWLEDGMENT | Initial Here | |
| <p>I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIA program activities and may be considered justification for dismissal if discovered at a later date.</p> <p>I acknowledge that my Personally Identifying Information (PII) will be used for grant purposes only.</p> <p style="text-align: center;">Applicants are responsible for insuring that all required documentation is attached to their application. Missing documentation will delay the process of your application.</p> <p style="text-align: center;"><i>Please read carefully, initial each release/acknowledgment, sign and date.</i></p> | | |
| Signature | Date: | |

Please note, you have 60 days from the date on this page to turn all paperwork in without having to update your application materials

DO NOT DATE UNTIL READY TO SUBMIT